

St Joseph's Portrane, 12 years on.

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I am pleased to have this opportunity to present to the public at large a basic history of the Rehabilitation Services provided by St. Joseph's Mental Handicap Service, St. Ita's Hospital, Portrane, Co. Dublin.

I am indebted also to the staff of the various areas without whose help this report would not be possible.

Michael Gorman
A.C.N.O.

1988.

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ART AND CRAFT

Report: Margaret McMahon
Fogarty.
R.P.N.

ART AND CRAFT ROOM

The Art and Craft room was opened approximately eight years ago. It was situated in very nice surroundings near the hospital gardens and with a playground in close proximity which the younger members of the group availed of in the good weather. The only disadvantage of the area was its distance from the main hospital buildings and our elderly ladies were unable to walk that far.

In September 1987 we moved to a new location quite near the units where our ladies resided, thus allowing many more of them to walk to the area.

The Art and Craft room was staffed initially by an art teacher who attended on a sessional basis and catered for ten residents who were very keen artists. After three years the Art Teacher retired and was replaced by a Nurse. The number of residents attending the area increased gradually and a Nursing Attendant joined the Nurse in providing therapeutic activities for the growing numbers.

Today twenty three residents attend the area daily. Eleven are escorted walking by staff while the remainder are transported by internal bus. Two ladies are capable of making their own way there. It is an all female crew with most of the ladies in the fifty plus age group but with some still in the late twenty age group. There are varying degrees of handicap within the group ranging from mild through to severe.

Most of the ladies are resident in the hospital units but some of our younger group members are resident in supervised hostels. Twenty-One ladies attend on a full time basis while two attend in the afternoons only. The latter attend a social training area in the mornings. We try to enforce their social training while attending our area and at the same time encourage them to partake in the usual activities of the Art and Craft room. This we do by assigning them to their own particular tasks which the remainder of the group will probably never achieve. Examples of such tasks are:

1. Changing day, date, month, weather on the calendar daily.
2. Visiting hospital shop on errands for colleagues and staff thus encouraging use and responsibility of money,
3. Tea and Coffee making under supervision for other residents.
4. Use of internal phones, ringing hospital radio with requests for their friends.

Therapy commences at . . . a.m. each morning Monday to Friday and finishes at 4.45 p.m. with a ten minutes break morning and afternoon for refreshments. The ladies return to their respective units for lunch at 1.00 p.m..

The group is subdivided into smaller groups depending on their ability and it is within these smaller groups that we carry out many activities. The range of activity varies greatly because of the degrees of handicap within the group as a whole. At the bottom of the scale there is teasing - an activity which most of the ladies can participate in without any help, it also appears very soothing for them. The end product can then be used to stuff our cuddly toys. Some members of the group lack any initiative, they need constant supervision and encouragement to perform to most basic tasks. In such situations we find sand paper, sand, play-dough, and putty very useful. While allowing the feel of different textures the putty is also used to decorate flower pots with sea-shells which other members of the group varnish and paint.

Painting Activities

This includes the use of Poster Paints, Crayons and Colouring Pencils. During some sessions we allow the various groups to work away on blank sheets of paper using their own imagination and await the outcome. On other occasions colouring books are used, at this stage the ladies are encouraged to keep within the confines of lines and figures. They must use their imagination putting the right colour in the right place. Those that cannot distinguish between colours are usually content washing, preparing and painting or varnishing sea-shells. On occasions we do potatoe printing where various shapes are cut into potatoe halves, dipped into paint and then pressed onto paper.

Games

One session each week is allocated to games which are used to improve hand/eye co-ordination and in which all groups can participate. The games include rings, bean-bag throwing and hand ball games.

Large wooden jig-saws are also used for co-ordination and gradually progress to more complicated ones. We have one other piece of equipment in the area that we find invaluable, i.e. "Fridolin the Dragon". It consists of a wooden base with all the facilities for screwing, unscrewing bolts, threading and tying laces, tying buttons and snap fasteners and finally colour co-ordination. This item is used by all groups and can be used as a competitive game for the more astute ladies.

While the majority of ladies in the group are content with passive activities and do not want to be disturbed, we find that there are at least four who prefer to be occupied with more demanding tasks. At present these ladies are counting and packing freezer bags which is an overflow contract belonging to the main occupational therapy. Naturally there are days when they just want to relax with some knitting or painting and this is allowed.

Knitting and sewing fancy toys plays a major part in our therapeutic programme. There are two good knitters within our group and with guidance they provide the majority of bits and pieces for toys. About six months ago we were very lucky to receive as a present a sewing machine which is activated by foot and we have set ourselves the task of teaching one of the ladies how to use it. The progress is very slow but we do hope to succeed eventually.

Other Activities

In addition to the routine everyday activities of the area we practice for the Indoor Games which takes place annually in Belfield. The agile members of the group participate in the games while the remaining members go as spectators and enjoy a good day out. This year we also made some of the badges which were issued to each participant in the games.

One afternoon each month, usually Friday is set aside for playing records and some dancing. Most of the ladies like to listen to Country and Traditional Irish music. Indeed some like to sing the odd song.

Speech Therapist

A speech therapist attends the area once a week. She usually has pictures of objects which she asks the ladies to identify and talk about. It was with the help of the Speech Therapist that our staff learned the "Makaton" sign language which allows us to communicate with residents who cannot communicate verbally.

Physical Education

A Physical Education Teacher attends for one hour per week. She encourages movement to music and the use of ribbons and tambourines for arm and hand movement. Initially the ladies were very reluctant to partake but now they look forward to each session.

All work and no play is no encouragement for anyone to continue working. So, as a treat we celebrate all birthdays and occasions such as Christmas, Easter and Halloween with a party. The music, food and beverages are enjoyed by one and all. We have the Annual Outing to Belfield as I have already mentioned but the 'Spring Show' and 'Horse Show' are also favourite venues for outings.

I suppose we are lucky in our seaside setting because if the weather is favourable and staff numbers allow, the mobile members of the group can go to the beach picking shells which are put to use in the area.

Despite the fact that very few of our ladies can read, they all enjoy thumbing through magazines which are left into the area by visitors and members of the community.

Summary

Because of the varying degrees of handicap in the area no two members of the group are of the same ability so we try to accommodate each individual with a task specifically for her. We find this helps to improve their self-esteem and each lady feels she has an input into the activities.

In my opinion, one good guide to the pleasure and satisfaction enjoyed by the residents who attend the area is the welcome received by the Art Room Staff on a Monday morning when they arrive to collect them.

Margaret McMahon-Fogarty
R.P.N.

ST. BRIDGETS HORTICULTURAL THERAPY

Report: Jeremiah
Noel O'Brien
R.P.N.

ST. BRIGETS HORTICULTURAL THERAPY

No less than twenty-five years ago the mentally handicapped were classified as:

1. Idiot
2. Imbecile
3. Moron
4. Sub-normal

Thanks to a more enlightened era, to the benefit of the mentally handicapped their relatives and medical personnel, this type of intelligence quotient vocabulary has become more obsolete. Without the classification of idiot, imbecile, moron, or sub-normal in front of their name a great majority of our mentally handicapped people are being trained in the basic skills of life.

In St. Ita's Hospital, Portrane, there are many Occupational Therapies. We have the domestic, printing, carpentry, montessori, industrial, refurbishing and behaviour modification therapies. Many of the trainees, (you may notice, they are no longer referred to as patients). Once they step into the fellowship of a therapy they become trainees quite happily settled into their new vocation. However, there were some who just could not settle into any of the above mentioned therapies. They were what I would consider a "blessed nuisance", both to themselves and the other trainees. Rather than see them renege into their old habits of eating, sleeping, and fighting among themselves plus walking around in circle, I decided to look around for other possibilities for them. Hence, the development of our Horticulture Therapy.

Outside one of our therapies I came across an uncultivated piece of ground, say "forty feet by twenty". Down I marched to our head gardener, Pauline, and I explained what I had in mind. I borrowed a hoe, a pick-axe, rake and a spade, with a prayer on my lips and hope in my heart back to the therapies I went. I chose four of the most maladjusted trainees I could find. I heard many an opinion from the staff about their fears of such dangerous gardening implements being in the hands of such trainees. Determined I was to push ahead with my project. My trainees stood in front of me and I explained what we were about to do. It was the year of the Environment. We were going to develop a little plot. Should we succeed I was going to ask the hospital authorities for our own area where we could grow our own plants and cultivate a mini-market garden. Surprisingly, the trainees showed a tremendous amount of interest, and enthusiasm. We went over to our apprenticeship plot, we removed builders rubble, weeds and cleaned up the ground. We then set about planting our shrubs. These we had received from our hospital gardener, Pauline. During all this activity it was important that I bear in mind that I needed a certain amount of ingenuity to prevent monotony setting in. Therefore, if the trainees wished to change garden utensils with one another, either because they liked the colour of one or the handle of another was thicker, they were welcome to do so. One often hears, that praise goes a long way. The trainees received quite an amount of encouragement and praise from me. However, there was also that little matter of an aware. I asked our hospital photographer Gerry McCann to take some photographs of the trainees cultivating their little plot. I then had a plaque made with their names carved on it and placed it on the plot. The trainees were duly given recognition and awarded for their effort.

With the success and experience given us by the development of the plot behind us, I immediately set about consulting my superiors on the practicability of developing a Horticultural Therapy. The justifications I elucidated for the necessity of such a therapy were:

1. Year of the Environment
2. To encourage the trainees to develop a greater interest in their surroundings
3. The variety of tasks that the horticultural area could offer
4. To inspire confidence and self esteem in the trainees by their achievements
5. Individual self expression
6. Outdoor activities offered to the trainees in this field could reduce the aggression and hyperactivity found in areas where trainees worked in close proximity to one another
7. Healthy outdoor life

My superiors appreciated all the above mentioned points. On such earthly concerns as finance, we intended to be self supporting. We would propagate our own plants, sell them and with the profit we would increase our gardening requirements, such as tools, compost, flowering pots and other essentials. Bearing in mind the financial strain on hospital resources, I asked and received the promise of assistance for the initial outlay.

Many years ago St. Ita's Hospital had an area commonly known as the 'Farmyard'. Upon this ground were built some very fine structured buildings. These were converted into therapies. We acquired one such building. A general survey of the site uncovered a number of tasks to be completed before the horticultural therapy could be initiated. There was a tranquility about the area. One entered the yard through the main gates facing East. Our building faced West, on the North and South of us were the other various therapies. Behind our building cattle grazed in the fields bordered by woodlands. Should one wish to enter our therapy from the North side, you would encounter some of the wonders of nature. Little shrubs could be seen bobbing their heads in a mild breeze. On a mild summer day it is not unusual to see hares playing around under the setting sun. It therefore, became self evident that my outdoor plan must tone in with the surrounding environment.

My trainees increased by ten, and one assistant Mr. Frank Duffy. We made an appeal over the hospital radio for donations of black and white paint. Never doubting and awaiting the generous response to my appeal, we set about cleaning up the yard. Some of the old pathways were not in good condition. A JCB was hired and we relayed the paths with gravel creating a car park. A wired fence separated the North and South therapies. We removed the fence and planted some trees. Previous to our establishing a horticultural therapy, a lawn had been laid using approximately twelve inches of top soil. This gave in effect a courtyard appearance. The trainees, myself and Mr. Frank Duffy decided to create a path across the lawn to alleviate the pressure on the grass by people taking short cuts. Some of the trainees were given pick axes and spades respectively, we dug the foundations for the path. Behind the gate to the therapies lay a rubble heap, which we cleared and made a rockery. In this we planted wild shrubs, heather, primroses, bluebells and garlic.

Bearing in mind that the trainees are the most important people involved in this work, it is of fundamental importance that they be consulted on all aspects of the proceedings undertaken. Heretofore, a choice in building a rockery, tearing down a fence or the making of a pathway was available. I now needed all out team effort. We were going in search of discarded drainage pipes and barrels. I encountered no opposition from the trainees. Off we set on our merry way. This friendly atmosphere was maintained through the entire week. Having covered approximately fifteen acres of land we found what we needed and carried them all back to the 'Farmyard'. We set them down at points to their best advantage. Not having reached the number of barrels required the remaining were supplied by friends. These barrels and drainage pipes when painted added character to the existing buildings, without changing the place dramatically.

In the meantime, the hospital radio played it's part. A supply of paint arrived. Acknowledging the temperament and ability of the trainees they were divided into teams. One set was given paint brushes the other the task of holding the tins of paint. It was decided to paint the doors of the therapies white and the surrounds black. The work was completed within three weeks. Our attention now was turned on the barrels and drainage pipes. Some we painted white others black. The trainees were slightly mystified as to the benefit of the drainage pipes and barrels. Frank and I decided to show them what we were about to do would be far more beneficial than explanations. We sent out an appeal for top soil, sadly we had many promises of delivery of the top soil but received none. We set out looking for top soil and wheeled barrows of top soil to the therapies for a full three days. We filled our barrels and our drainage pipes with the top soil incorporating a fertilizer. We could now choose our plants and the outside facelift would be complete.

The question now was how did the trainees benefit from the Horticulture area? The above chapter described the amount of physical work involved in the facelift of the 'Farmyard'. Therefore the trainees benefited through:-

1. Muscle Co-ordination
2. Improved sleeping pattern
3. Less hyperactivity and aggression
4. Improved appetites
5. Reduction of chemotherapy intake

This was going to be the exciting part of our therapy. We were now into plants. Our first choice was to take cuttings of a permanent nature. Therefore we chose Escallonia, Fuchsia, Griselinia, Aucuba, Lavandula, Holly, Hydrangeas, Potentilla, Skimmia, Conifers and a variety of other shrubs. However, while all the above shrubs grow quite well by the sea, some of them failed to root. Another caution had to be strictly adhered to and that was the usage of rooting powder. Plastic gloves were provided for the trainees for fear of powder making contact with their mouth through their hands. Of course there never was a question of having the trainees memorize the names of the shrubs. The variety of the shrubs and their contrast held a fascination for them. It was therefore, important not to challenge the trainees beyond their capabilities. It was sufficient that they learn the seasons - although goodness knows, I myself find it difficult at times to tell the seasons with the type of weather we have - this was done through a process of association, for example, in the autumn we took the slippings and planted them into pots. Winter was a time for cleaning up the 'Farmyard', and watching that the indoor plants had an adequate amount of heat. Spring was a time for replanting and mowing the grass. Summer we concentrated on weeding and watering the plants.

Our Indoor Plants consist of an assortment of Cacti and other succulents. We propagated some of these from leaf cuttings. In some cases we used offsets. Some of the trainees found this procedure quite difficult to grasp. However, they were set the task of filling the pots with a compound mixture of sand and moss peat.

How did the trainees profit from the above work?

1. The developed a sense of observation.
2. Identification of plants.
3. Identification of the seasons.
4. Improved communication.
5. Importance of punctuality and responsibility.
6. Importance of Hygiene.

Every trainee has their own apparel, overalls and boots. These they are responsible for. They themselves wash up after their tea break.

A short synopsis.

Even though our project is only a year old; the progress of the trainees is quite impressive. This is due to the variety of tasks in the Horticulture Therapy which allows for their short concentration span. No trainee is held here against his will. Trainees are informed that should they wish to return to their previous therapy areas, they are free to do so. However, no trainee has expressed the desire to return to his former occupational therapy.

Working in this area over the past year, I have formed the opinion that given a variety and short timed tasks the mentally handicapped can perform and achieve an objective.

Jeremiah Noel O'Brien
June 1988.

COMMUNITY SERVICES

Report by: Mr.E. Gorry
C.P.N.

COMMUNITY SERVICES

For some years now the Community Services in the North County Dublin have been expanding to cater for the handicapped. These include workshops, clinics, an assessment service, visitation by our Community Nurses to parents and relatives. Day Care facilities at St. Joseph's are also provided. Hostel accomodation has been provided at Swords and Balbriggan and it is hoped in the future that major developments will be made in this area.

As the Service develops and expands the quality of life of the handicapped will match that of modern society.

THE REPATRIATION OF TEN MODERATELY MENTALLY HANDICAPPED
PEOPLE INTO THE COMMUNITY

Report: Michael Gorman
A.C.N.O.

The Repatriation of Ten Moderately Mentally Handicapped People
into the Community.

In 1986 the Special Hospital Programme Committee of the Eastern Health Board considered an interim report on the Mental Handicap Service following an address by the then Minister for Health in December 1985, in which he outlined some of the major changes which had occurred recently and which he considered were now relevant to the future of the Mental Handicap Service.

- (1) The educational and caring services for mentally handicapped people had developed and improved greatly, increasing their potential for a fuller life and improving their capacity to cope in a normal residential environment.
- (2) Parents, relatives and the community in general have become more concerned regarding the environment for handicapped people. They support the services provided by statutory and voluntary agencies, and as a result much more can be achieved in the normal community environment than was realised less than ten years ago.
- (3) As an inevitable corollary to these two points the general approach to institutional care, particularly to the large institutions has changed. The ideal situation is home care with appropriate back-up services, i.e. support from day care and vocational services and where appropriate, in a residential centre with the emphasis on a domestic environment.

It is now perfectly clear that the handicapped person should develop in an environment as normal as is practical and in doing so should have the range of educational, therapeutic and vocational support appropriate to his special needs. It is also clear that the handicapped person who has been facilitated in this manner can reach a higher level of social and vocational skills, thereby enhancing the quality of life for the handicapped person.

In this regard it is appropriate that the Mentally Handicapped person should be maintained in his own home as long as possible, with appropriate support services and that facilities as near as possible to the domestic environment are available when the handicapped person can no longer be maintained at home.

The greatest concern of parents with a mentally handicapped child is what will happen when they themselves die or are too old to look after them.

It was against this background that towards the end of 1987 it was decided by the Mental Handicap Service of the Eastern Health Board to rent two adjacent houses at 33/35 Pinewood Green Avenue, Balbriggan, Co. Dublin.

The object of this exercise was to provide accommodation for a number of mentally handicapped people who had lived in an institution for a number of years (some in excess of ten years), whereby they could live as independent a life as possible.

It is also proposed to open links with Maternity Hospitals and Homes whereby the birth of a mentally handicapped child is immediately notified. There will also be a counselling team who would contact the parents as soon as possible after the birth.

The aims of this project were as follows:-

- (1) "To improve the quality of life". This has been achieved by the fact that they have become independent of the parent hospital for the first time in many years. They can make their own decisions regarding their social and recreational activities, they had plan their own meals and have them when they want to. They can choose their own clothes and footwear, they have also been issued with medical cards and can visit their G.P. when and if they want to.
- (2) "To make them more independent financially and otherwise". When they receive the D.P.M.A. Allowance they will also be entitled to a free bus pass, together with an annual clothing allowance. Following deductions for rent, food, electricity etc they should have in the region of £20 to £30 pocket money per week, with this amount of money they should have little difficulty in having a reasonable social life i.e. visiting the city to shop, attending the theatre and cinemas, football, bingo and they will be free to decide if they wish to go on an annual holiday.
- (3) "To make this project successful so that similar projects may get the necessary backing of the Department of Health, Eastern Health Board or similar organisations". It is generally accepted that the Balbriggan Hostel has been a success from a financial point of view and most important, from a humanitarian aspect. The residents derive considerable benefit from taking responsibility for the activities of everyday life. There are many such people who live in Psychiatric or Mental Handicap Homes who can enjoy a normal existence in the community but because they cannot

avail of a suitable home are denied the benefits of such a way of life. I see this situation improving in the future especially with more co-operation between the Health Boards and Housing Authorities and especially now that more local authority housing is becoming available,

- (4) "Cost Effectiveness" . On the basis of present building and maintenance cost the provision of community hostels for these people makes good economic sense. We are firmly of the view that the finance required to enable the transfer of people from large institutions should and will be secured from the European Social Fund and from selling surplus Psychiatric Hospital Land and Housing. As in-patient numbers declines there will be considerable potential for redeploying both staff and revenue resources from the institution to the new community services. This can be achieved by progressively closing down wards and sections of hospitals. The redeployment of resources from the large psychiatric hospitals has already commenced and new community services and facilities are being developed without causing additional revenue expenditure.

Following the advertisement of the hostel supervisory posts a number of staff nurses presented for interview from which a panel formed. People on this panel will also take the place of community staff when required. Their duties and responsibilities will be as follows:-

- (1) To maintain the highest standards which are consistent with the standards of the clients.
- (2) To assist the clients to live a 'quality life', by facilitating their integration into the community.
- (3) To establish structural programmes for the clients which will assist them in the running of the group home.
- (4) Participation in Crisis Intervention as required.
- (5) Monitoring clients progress and referring them to the appropriate personnel as required.
- (6) Arranging for the mobilisation of community resources and help as required.
- (7) To observe, report and take appropriate action on any matter which may be detrimental to the clients' care or well being, or may inhibit the effective operation of the area assigned to them.
- (8) To carry out such other duties and responsibilities which may be assigned by the Chief Nursing Officer or his designated Assistant Chief Nursing Officer from time to time.

We set ourselves a target of three to four months by which time we hoped the hostel would be working to its full potential and as usual the following problems had to be taken into consideration. 1. Costing, 2. Restructuring, 3. Rent, 4. Furnishing, 5. Employment for the residents, 6. Fire Safety.

1. Costing

This did not prove too difficult as the two buildings were relatively new and required very little repairs. We did however require a door to be built downstairs to join the two houses together and slight alterations to the kitchen areas. The cost of this was undertaken by the Technical Services Department of St. Ita's Hospital.

2. Rent

Following negotiations with the Dublin County Council it was agreed to rent two houses at approximately £40 each per week. This was considered a high price to pay in comparison with rates charged with Dublin Corporation.

3. Furnishing

New furniture for the two houses cost between £8000 and £10,000. This was paid for out of the budget for the Mental Handicap Service.

4. Employment

We have had little difficulty in placing our residents in employment. At present we have nine people in residence, some of whom are employed in Maryfield Industries, Swords, Co. Dublin, one works with a local farmer, one with a hardware merchant in Swords and the remainder are employed at Contract work in St. Ita's Hospital.

5. Fire Safety

It was decided to ask Mr. Dockrell, Fire Officer with the Eastern Health Board, to carry out an inspection of the house and issue a report. Any recommendations that he suggested have been complied with.

The hostel was officially opened in February 1988 with three clients in residence there. Preparations were at an advanced stage when we encountered our first obstacle. We were informed by the local welfare officer that because the hostels would be staffed by Nurses at night, that the residents would not be given the supplementary welfare allowance, this we found totally unacceptable. As the three people had already arrived when this decision was made we had to find other ways to pay for food, electricity, bus passes, recreation etc.

The decision of the welfare officer not to pay the allowances has had a serious affect on the residents. Their pride had been dented, they had little or no pocket money and they were depending on hand-outs etc to keep them going from week to week. This situation has not changed up to the time of going to press but there are signs of a break through shortly.

Following the granting of this allowance, we hope that the D.P.M.A. will follow without any further problems. This will amount to £44 per week plus their wages from workshops which should bring their income to approximately £55 per week. From this amount they will be expected to contribute towards rent, electricity, phone, food and also to save a little for an annual holiday.

It is now five to six months since we opened the hostel and already most of our aims have been achieved. On their arrival in the town most of the organisations there were notified by hand delivered letters. These included the Irish Countrywomen's Association, the Garda, Medical Officers, Fire Brigade, Order of Malta, Parish Priest, the Residents' Associations and the Town Clerk. They have recently been invited to join the local Residents Association.

In conclusion it might be helpful to dwell on some of the comments the Residents themselves have made since their move to the community.


"Independence and Absence of Routine" - which they enjoy enormously.

"Freedom of Choice"

"No Uniform" - the fact that hostel staff do not wear uniform proved to the residents that they have broken the final link with the parent hospital.

"Own Bedroom" - no longer part of a dormitory environment.

Developments such at this can only be successfully achieved with both support and acceptance of those already living in the community and the Health Authorities themselves, and I feel that it is only appropriate to thank at this point in time the residents of Pinewood Estate itself for their help and encouragement towards our residents now living there.


Michael Gorman
A.C.N.O.

July. 1988

DEPARTMENT OF PSYCHOLOGICAL MEDICINE

UNIT E

Report: Mr. Peter Jennings
Ms. Bernice Marsh

DEPARTMENT OF PSYCHOLOGICAL MEDICINE - UNIT E

The chance to alter existing care for the disturbed mentally handicapped came with the opening of a new unit from a routine style approach to an individualised pattern of care.

4 MAIN AREAS TO BE ADDRESSED

1. The first step is to examine the existing style of care and identify what was good and bad about it.
2. What type of care the staff wish to provide.
3. To identify factors in promoting good practice.
4. To highlight any potential obstructions.

Change involves everyone, it involved the ability to question prevailing attitudes, question one's own attitudes and look hard at current methods of practice.

Existing practice was often to consist of routines and depersonalisation of patients, e.g. queuing up for toilet rounds and wearing other people's clothing. They are not involved in their own care, or encouraged to make decisions or made to feel that they matter.

Often there is a over-reliance on drugs to cope with the more disturbed patients and psychological support was minimal. The nurses' attitude was that few skills other than basic nursing care were needed to care for such people. While there is little to commend this approach and indeed few nurses would admit to such a system, the more difficult problem of how has to be addressed.

The first factor will be to discard rigid routines. This should be having flexible getting-up and going-to-bed times, with breakfast served over a period of time. There should be no more routine toilet rounds - rather individual requests.

Every patient would have his/her own clothes and have his/her own possessions and staff should try to ensure that patients are not made to feel rushed. All nurses would be involved in the various different engagement therapies, in organising trips and outings.

When the 12 patients first arrived, each patient was assessed through P.A.C. charts to establish what he was able to do, i.e. socialisation, agility, dexterity, communication skills, intelligence quotient levels. The next phase was the process of reinforcing maladaptive behaviour. Check lists were kept on a baseline made and review on a weekly basis, usually Friday afternoon.

STRUCTURE

Was there adequate nursing staff? Is the ward environment suitable? Are there ample materials in the unit?.

At the first meeting of a circular approach, all aspects were addressed and taken into account. It was found that engagement in different activities the level of disturbed behaviour had declined.

It was established that boredom was the leading factor in challenging behaviour. Programmes were initiated, compiling of physical therapies, psychological therapies, communication therapies.

Makaton sign vocabulary was commenced; outings to the local community, zoo, football matches etc. The needs of each of the 24 patients were charted. The unit was furnished to as near as possible to a home like environment.

PROCESS

Each patient got 15 minutes per day of one-to-one teaching - Realisation exercises have the most pleasant task, where as before, now if a particular patient presented with challenging behaviour he was usually taken out of circulation and if need be, put into a side room. This process was done away with. Each patient, having his own particular clothes as distinct from hospital wear, made the patient more caring.

This Unit was set up for the treatment in a Scientific Way of Challenging Behaviour. Its function is the study of challenging behavior and the establishment of treatment programmes for disturbed clients.

Eight trainees, 4 male and 4 female commenced on the various programmes in June 1987. The unit is open from Monday to Friday from 9 a.m. - 5 p.m. but due to cutbacks it was not possible to open the Unit on a 24 hour basis.

Four Nursing Staff and one Psychologist/Speech Therapist were chosen for their interest in the new approach so as to provide a stable a team as possible for the trainees.

THE AIM OF THE UNIT

To lessen disruptive behaviour in the Unit.
To curtail violent aggressive outbursts.
To be less disruptive to clothing and footwear.
To learn or improve on everyday house skills.
Foster training.
To develop skills in communication.
OVERALL TO ENJOY A BETTER QUALITY OF LIFE.

ROLE OF THE UNIT

Assessment.
Intervention.
Treatment.
Training.

TREATMENT PROGRAMMES

Physical therapies.
Psychological therapies.
Communication therapies.
Relaxation therapies.
Social Recreational therapies.
Activities of daily living.
Home Economics.
Body Image therapy.

ULTIMATE GOAL: Occupational therapy.

MAJOR APPROACHES TO MANAGEMENT

1. Appropriate physical environment.
2. Environmental manipulation.
3. Consistent planned routine.
4. Variable programmes in routine.
5. Intervention programmes to be individually tailored to each trainee.
6. The programme to last 20 minutes only.
7. Trainee coffee breaks to be an intrinsic aspect of intervention.
8. Each intervention to take place in the context of safety.

TREATMENT PROGRAMME ONE

Physical Therapies

Physical education activities
Robins educational rhythmic
Sherbourn movement
Walking
Hydrotherapy

Psychological Therapies

Behaviour modification programme
Counselling
Body Image therapy
De-escalation therapy

Communication Therapies

Art therapy
Speech therapy
Makaton sign vocabulary
Music therapy

Relaxation Therapies

Coffee breaks
Sherbourn movement
Specific relaxation therapy

Social Recreational Therapies

Outings
Observe horse riding and bowling
Swimming
Cycling
National Indoor Games

TREATMENT PROGRAMME TWO

Activities of Daily Living

Personal hygiene
Bed making
Basic domestic chores

Home Economics Programme

Collecting milk
Setting table
Making tea
Washing-UP

Educational Programme

Perceptual training
Pre-reading skills
Pre-writing skills
Pre-number skills
Environmental studies - with language input

Body Image Therapy

Sherbourne Movement Programme
Bathing
Boutique Clothes, adornments
Beauty Therapy
Personal Profile Book

ASSESSMENT:

The Model used in the Unit is the Roper Model in conjunction with the P.A.C. (Progress Assessment Chart) with emphasis on maintaining a safe environment community. Breathing, eating, drinking, eliminating, personal cleaning and dressing, mobilising, working and playing, expressing sexuality.

P.A.C.

Self help - table habits, mobility, toilet, washing, dressing.
Communication - language, differences, number work, paper, penal work.
Socialisation - play activities, home activities.
Occupation - dexterity (fine finger movements) agility (gross motor control)

HOME ECONOMICS DEPARTMENT

Report: Ursula Gorman
R.P.N., S.R.N.

HOME ECONOMICS

This area was first opened in 1977 to cater for 30 trainees male/female between the ages of 20 and 70 years. A number of trainees from the Community also attend the area on a daily basis. The aims of this area are to prepare our trainees for their eventual transfer to the Community and to provide various forms of Occupational Therapy for them. There are also a number of trainees especially those in the upper age bracket who will not go into the Community. They are also provided for and take part in the various programmes. A number of these programmes were initially set up and more have been added during the years. The following is a brief summary of these programmes.

We have found that these programmes must be as varied as possible so as to make them as attractive as possible.

HOUSEKEEPING

All trainees are given a thorough training in the art of good house keeping, this includes cooking, ironing, how to use a washing machine, bed making, cleaning, budgeting and shopping.

Cooking consists of baking bread, cakes, simple dinners, i.e. stews, milk pudding etc. The trainees are instructed in the correct use of an electric cooker and to understand the working of same. They are also taught how to weigh flour, fruit etc and to measure milk for baking. They are instructed in how to set a table, make tea and coffee and occasionally to entertain their friends. On birthdays and special occasions all the catering is done in the area.

We find that most of the trainees are unfamiliar with washing machines due in no small way to the fact that for years all their clothes have been sent to the Hospital Laundry. We pay particular attention at all times in teaching them to become proficient in operating the washing machine, i.e., selecting which clothes should go into a hot wash or a cold wash and how to select the dial on the washing machine.

Ironing is a familiar chore to most of us but to the trainees it is again something new, again they require to be taught which material requires hot and cold ironing, the method in ironing delicate things like shirts and skirts.

Budgeting - these days it is most important especially with rising prices and low wages. We commence this programme with our "Indoor Shop" - here trainees are made familiar with ordinary household goods including various types of food, meat, vegetables, bread, butter, cooking oil, cheese etc, also items such as brillo pads and washing up liquid. They are encouraged to shop around and not to buy the first thing that comes to hand. They are taught the value of money, how to count their change. This training manifests itself when they visit the hospital shop. The feedback we get is that they are more selective and choosy in what they buy and they continue to look for value for money.

ARTS AND CRAFTS

Most of our trainees can knit and sew and are encouraged to do so, they enjoy the challenge of toy making and knitting hats, tea cosies and baby slippers. Some of our friends send up pieces of material from which

are made cushion covers, chair backs and kitchen chair cushion covers.

Sketching, painting, drawing, jig saw puzzles, education toys, colouring books and crayons are also used. These activities we find helps to relax the trainees especially those who for one reason or another are not at present being considered for Community Living, these would include the elderly and the disturbed people of our area.

We have a number of "Senior Citizens" in our therapy. These people have been attending the area for a number of years, they usually follow their own routine, this includes looking at magazines, books, papers, listening to the hospital radio, requesting records to be played for their friends back in the units and playing bingo once or twice weekly. The bingo is run by Mr. O'Rourke 'Disco Jockey' who delivers the bingo cards each morning and then in the afternoon he reads out the numbers over the radio, there is a lot of interest in this activity as there is always prizes to be won, some of the prizes are sponsored by local traders. Needless to say you could hear a pin drop during Bingo Sessions.!

External Activities include people being brought to their homes for weekends from Friday until Monday.

We have swimming three times per week and horseriding on a Thursday morning. Some of the staff of the area accompany our trainees who attend these activities under the guidance of our P.E. Instructor. We find that the trainees look forward to these activities and that they derive a certain amount of independence and dignity from them.

We also have a flourishing social training programme whereby a number of trainees from other areas attend three mornings each week. This group are being prepared for community living. They are taught the basic necessities of everyday living that "most normal people take for granted", i.e. cooking, housekeeping, grooming, budgeting, maintaining their clothes and footwear. When these people take up residence in our community hostels they are prepared for some of the problems they will face and the feedback we get from our hostel supervisors is that the training is very beneficial for the big step into the community.

We have an ongoing behaviour modification programme. At present there is a young lady undergoing this programme. She is in her early twenties and has a history of being very self destructive so much so that she had to wear a helmet to protect her from hitting her head off anything hard or sharp that she could find i.e. walls, tables, furniture etc. So with the consent of her doctor we proceeded to remove the helmet during her daily visit to the area. We decided to try and teach her that it was wrong and painful for her to be continually mutilating her face and that these injuries would eventually scar. It was a slow process but over the weeks and months our aim was achieved. She is now a much happier young girl and has become very affectionate. She is presently taking part in a swimming programme, has had a June Holiday in Co. Wicklow and is joining the horseriding programme in the Autumn.

Each December our Service puts on a Christmas Show with trainees from all areas taking part. We have rehearsals daily from about mid-November and these help to pass the cold weary days. As part of the preparation any songs or tunes from the show are played regularly

on Hospital Radio so that all trainees participating in the show will be well tuned in by the time the big night arrives.

St Joseph's Mental Handicap Service hosts the National Indoor Games every year in U.C.D.. During three days all the therapy areas close down as the Staff undertake such varied roles as time keepers, judges, serving lunches, presenting medals etc, together with looking after trainees from their own area who may be taking part in the games.

Lest anyone reading this summary thinks we work to a set routine, we don't. There is always time to listen to all trainees joys and woes, to laugh and share views and rejoice in their achievements. This is probably why they all look forward to coming to the area.

In conclusion may we extend our sincere thanks to the Parents and Friends of the Mentally Handicapped for our washing machine which has been so useful and beneficial to all. Also to the Captain of the Skerries Golf Club for the use of the club to raise funds for our beautiful fitted kitchen.

Our next aim is to get a new knitting machine.!

ST. KENNY'S ACTIVITY CENTRE

Report by: James Wolohan
Nursing Officer

John Carroll
Staff Nurse/
Group Leader

ST. KENNY'S ACTIVITY CENTRE

This centre was established six years ago within the confines of the hospital. Its purpose was to cater for the needs of our more severely physically and mentally handicapped residents. These people had become institutionalised as a result of spending most of their lives in long-stay units.

Prior to the establishment of this centre, the main activities available to these residents were, walks on the campus or simply sitting outside, when the weather permitted. In line with nursing practises in the past, the care provided was of a custodial nature. This resulted in a situation whereby the potential of these residents was never developed or realised. The role of the Activity Centre is basically to give these people the opportunity to realise their full potential, no matter how limited that may be.

Our Centre is attended by thirty five trainees on a daily basis, five days per week. During this time their educational needs are fully catered for by our staff. The unit is staffed by: (a) one nursing officer, (b) two staff nurse/group leaders, (c) three care staff, (d) one speech therapist who attends two days per week and (e) one montessori teacher who also attends two days per week.

The trainees are divided into two groups, with a group leader, assisted by care staff, responsible for the development of each group.

Group 1 which is the highest ability group is further divided into two teams. These two teams, where appropriate work together as a group. Our long term goal for group one is that they can live and work in the community, whether it be in a high or low support setting. To achieve this goal we have a normalisation programme in operation. The main areas of this programme are:-

1. Socialisation
2. Personal Hygiene
3. Communication Skills
4. Domestic Skills
5. Recreational Activities

As part of our normalisation programme we have introduced a role play session within this group. Its purpose is to teach our trainees the proper use of public transport, and other public amenities. We also take our trainees on trips into the community as a form of reinforcement and reward. Further to this, we have recently acquired a house on the hospital campus for our trainees, with a view to community living.

Group two is divided into three teams of different abilities. The higher two ability teams are engaged in:-

1. Fine and Gross Motor Skills
2. Personal Hygiene Programmes
3. Physical Education
4. Recreational Activities

Our main aim with these two teams are to improve their concentration, and also to reduce boredom.

The trainees in Group Three are mainly dealt with on a one to one basis. Our main aims for this group are:-

1. To improve their eye contact
2. To improve their hand-eye co-ordination
3. Task attention
4. Shape, colour and size discrimination
5. Basic personal hygiene skills

Once weekly we have a music class for all trainees. St. Kenny's is also responsible for the management and session allocation of the hydro-pool. We find that the hydro-pool is very beneficial in the control and management of disturbed behaviour. It is also used for non-ambulant residents, who engage in exercise programmes using passive movements. Another area where we find it very beneficial is the teaching of basic swimming skills, and to increase confidence. The programmes listed above are being continuously reviewed and updated when appropriate, to accommodate the ever changing needs of our trainees.

INDUSTRIAL WORKSHOP

Report:

Con English
A/Deputy Nursing Officer

THE INDUSTRIAL WORKSHOP

The Workshop was started twelve years ago to create situations for patients which are as near as possible to the normal pattern of daily living.

It was originally started in the John Paul Complex, but since early 1988 it has moved to the main O.I. yard situated in the hospital building and it now is much more convenient for our trainees to come and go from.

The aim is to provide our trainees with the skills necessary to gain outside employment in the normal work force or in a sheltered workshop in the community.

The trainees engage in long and short term contracts for external companies. Amongst the contracts carried out in the Workshop are.... the following:-

- (1) Packing Refuse Sacks. These come in boxes of 200 and are layed out flat on the table and counted into threes and placed in a small bag, sealed with sellotape. They are then counted into packs of 100 and returned to contractor for distribution.
- (2) Freezer Bags. They come in boxes of 3,000 and are in different sizes. They are counted according to size and placed in bags of 20.30.40. with ties and sealed and then returned to the Contractor. Both Refuse Sacks and Freezer Bags are sub-contracted from Carey Distributor Ltd, Cellbridge, Co. Kildare.
- (3) Name Tags. These are assembled by inserting safety pins in the tag and together with name card they are counted into 100 and placed in a box which is assembled here and then returned to Plasfab, Amien Street, Dublin 1, which is the Contractor.
- (4) Kidney Dialysis Equipment. We assemble part of the tubing used in Dialysis Machines, this is a vitally important piece of equipment as it is part of vital life saving equipment. These are checked and counted into bundles of 25 and placed in bags of 5 bundles (25) and returned to National Medi-Care, Clondalkin, Co. Dublin.
- (5) Engraving Machine. Since 1986 we have installed an engraving machine and it is proving a large success. It involves making up house names and house numbers in timber or plastic. The timber is cut to measure and then engraved with Name or Number. It is then varnished five times and then sold to who ever ordered same. We have outlets in local hardware stores for these. Safety is most important in this work as it involves using machinery planes, saws, sanders and engraving and also the use of paints. We have to be very careful with the trainees working on this contract.
- (6) Since May this year we have installed a scanner and duplicating machine and this is proving very beneficial to trainees. We are training two ladies to operate same under supervision. We have already done quite alot of work for the hospital and for clubs outside the hospital.

(7) This year in April we were approached by Daffodil Stores, Rush, Co. Dublin with a view to assembling Lettuce Boxes. We accepted this work and now we assemble by stapling boxes together and packing into bundles of ten and they are then collected by the Contractor.

(8) Our Trainees are involved in some seasonal work such as wiring dried flower which are sold on sports day.

All the work we do in the Workshop helps our trainees to improve hand to eye co-ordination, counting and to help them to try and help themselves.

Our aims in the workshop are to provide a graded and comprehensive rehabilitation scheme so that our trainees can achieve the highest level of efficiency of which they are capable of by using facilities within the workshop and in planning our schedule. We at all times try to:-

1. Remotivate the trainee
2. Resocialise the trainee
3. Retrain the trainee
4. Reinstatement of trainee as an individual

The workshop opens at 9.00 a.m. each day to 5.00 p.m. each evening. Trainees attend at 9.15 a.m. - 12.15 p.m. and from 2.00 p.m. - 4.15 p.m. and all are paid a weekly wage which is based on work done.

There is a tea break each day of fifteen minutes in the a.m. and time out for a cigarette in the evening.

The trainees enjoy working in the workshop environment and this is very evident on a Monday morning when we get a big welcome after the weekend. Some of our trainees go on to achieve employment in Sheltered Workshops such as Maryfield Industries near Swords.

Workshop is staffed by:- Con. English A/Deputy Nursing Officer and four care staff. We also have two staff nurses partime when available.

KNITTING INDUSTRY

Report:

Mrs. Mary Conway
R.P.N.

KNITTING INDUSTRY

When Dr. Vincent Molony came to St. Ita's I became involved in a therapy situation in the Mental Handicap Service asked by the Chief Nursing Officer to become available for weekend time. As I was already involved in the Mental Handicap Service I decided to give it a try.

We started our first programme with nine residents and began our programme on personal hygiene, setting tables, bed making and playing games. For quite some time we were endeavouring to assess their capabilities. As time progressed it became apparent that some had qualities to go on and do better things, some were involved in hand-knitting. After further assessment and discussion with Dr. Molony we decided that some of the residents were capable of using a knitting machine so we purchased same and trained one of the residents to use it. After some time it became apparent that she was very capable of using the machine and turned out some lovely work. Local people and staff from within the hospital itself became aware of the garments we were turning out and the demand became great for same. At this stage we decided we should expand and purchase another knitting machine and another of the trainees was then trained and likewise became very efficient and turned out work of a very high standard. Following this the demand for garments increased and after further discussion we purchased a further machine and trained another girl to use same. At this stage three trainees were turning out work of a very high standard and they became very aware that their work was valued and admired by the people who came to purchase same. In order to keep up with the demand for garments we decided to purchase a linker and presser.

We have now reached a stage where our residents are turning out a large amount of garments. As a result of demand and the amount of wool being ordered our supplier became interested in how the wool was being used and they requested permission to see some samples of our work. We obliged and they were very impressed by the high standard so they gave us a contract to knit school jumpers.

I consider it a fine achievement for those girls who up to some time ago had little or no knowledge of knitting. Other trainees in the area assist in the programme to a lesser degree. They are capable of taking the wool from the balls and winding it on a wool winder and as a result they feel they are assisting in the programme.

Once again may I conclude by saying that I am very proud of these trainees and feel it is quite an achievement for them to have reached these high standards.

MONTESSORI SCHOOL ONE

Report: Bridget O'Mahony
Mont. Teacher

MONTESSORI SCHOOL ONE

The residents attending the Montessori School come from both male and female units. Thus these residents are able to get to know one another and socialise on a daily basis which is essential for their development. The integration of male and female residents in the school environment is of benefit to all.

The individual's self confidence is built up as much as possible. By working on a previously mastered task before attempting a new task, the individual is re-enforcing his self-confidence and is better able to attempt a new exercise or a task not yet fully mastered. He learns to believe that previously unknown skills are attainable through repeated effort.

Self-confidence is also built by positive correction.

Self esteem is achieved through the gaining of self-confidence. Acquiring social skills is important for the individual to feel confident and not be in danger of being neglected by others.

The Montessori Material is designed to enable learning to take place step by step. Only when each step has been learned does the student start on the next one.

Independence is strived for through the Practical Life Exercises. Self-help skills are practised and Dressing Frames are used to teach the various fastening techniques such as buttoning, lacing etc.

Care of the environment is an important aspect of the Montessori method. Residents keep their schoolroom tidy and clean, they replace material in its own place, they wipe up spillages, wash their own tea cups etc.

From working with the sensorial materials the students gain increased powers of observation. They are able to distinguish differences as well as compare similarities. Their interest is awakened in their environment and their lives are the richer for it.

Nature study is an important part of our curriculum. Wednesday mornings are spent on a nature walk. We note the changing seasons and identify the various birdsongs, trees, plants, etc. Scrap books of various specimens collected on our walks record the variety of items collected and help us recall our many pleasant strolls.

In the Classroom freedom of movement is the norm. The student may choose his own work and of course when finished with each piece of material, he replaces it exactly where he got it. As well as order being maintained in the environment the student exercises his will in choosing his work.

Each student works alone and therefore develops his own pace.

By working with his hands on the various exercises in the Montessori Schoolroom the student concentrates his mind thus enabling development to take place.

Art Activities are also used to facilitate the students' development. The students enjoy painting, colouring, scribbling and crayoning among their art activities.

Group activities which the students enjoy include ball games, music sessions, nature walks and annual outings. We have enjoyed outings to the Zoo, the Botanic Gardens, Dublin Airport, Gormanston Army Camp, a Race Meeting and our annual traip to a local market garden where we pick fresh strawberries.

In the Montessori School the students are helped to reach their full potential.

MONTESSORI SCHOOL TWO

Report: Marijka Walsh
Montessori Teacher

Anne McKenna
Nursery Nurse

MONTESSORI CLASS UNIT R

INTRODUCTION

This report is compiled to give the reader an overall idea of what happens in our Montessori Environment, the type of children or patients we have, the equipment we have, and how it is used.

Obviously the Montessori method originated as a method to teach the handicapped child, so it is at home in the hospital environment. It starts off at the very basics, of walking, carrying and moving things using gross motor skills, working eventually to fine motor skills of writing and perfect hand-eye co-ordination. As a result of the handicaps of the patients we are dealing with, we are still very much at the basics, still, but gradually, we are moving slowly forward, to more demanding tasks, and skills. This definitely takes alot of time, energy and patience, all of which we are quite willing to give, and we hope that it is beginning to show, and will continue to do so, more openly, and extensively in the future.

PRESENT STAFF - Montessori Teacher, Nursery Nurse.

HISTORY

This class was set up in September 1981 by Dr. V. Molony, with an initial roll of twelve patients, however the numbers have varied extensively at first, dwindeling to two or three at times. The original teacher was Briget O'Mahony who still works in the hospital in the other Montessori Classroom for older patients. Of the original twelve patients, seven are still attending the class, while some of the other patients have moved to different wards, therapies, and even to different centres like Cheeverstown.

In August 1984 Briget O'Mahony moved to the other class room, and this room was temporarily closed, to be opened only two months later on the 2nd October 1984 by Angela McGorisk. There was by now a roll of seven patients who attended the class on a very regular basis. Angela McGorisk remained here until late 1985, at which time she moved to Ballyboden. She was replaced by Vivienne Cleary another Montessori Teacher in December, 1985, who received help from Anne McKenna, a Nursery Nurse who arrived in January 1986. Vivienne and Anne worked happily together until Vivienne left to get married in April 1987, she now lives and works in Westmeath. Anne remained on her own, with the exception of a few weeks in the summer of 1987 when she was assisted by an attendant, until I arrived in January 1988. Throughout all these years the programmes were continued and adapted to benefit the patients regardless of staff changes, and are still continuing in a succesful manner.

THE MONTESSORI ENVIRONMENT

The Montessori classroom or environment is situated in a Unit which is completely detached from the main hospital. The unit is situated a few hundred yards from the beach and is surrounded by fields and beautiful well kept gardens. It consists of two separate wards, one for severely mentally handicapped children, and the other for Blind-Deaf mentally handicapped. The Unit has its own kitchen, with separate dormitories, bathrooms, and dining areas for each ward, but the atmosphere is that of one large family.

The environment itself is situated in a long narrow room, with one complete wall of four double windows looking out on the unit's private garden and the beach and sea behind this. On the other wall there are four more smaller windows looking into the Doctors Office, the Ward Sisters Office, and the television area. The length of the room is very beneficial as we have it divided into two halves, one with the tables and shelves, where all work takes place and the other half is relatively bare, with the exception of a long low wooden bench, and a large cubed playbox. This half is used for games, or for when the patient is not working.

The patients attending the environment are mainly the severely mentally handicapped children ranging in age from eight years to twenty three years, some of these also have slight physical disabilities. The blind-deaf mentally handicapped range in age from eighteen years to fifty eight years, but at the moment there are only three from this ward attending the environment. The patients mobility or activity level varies greatly, so we have divided the patients so that the very active come to us in the morning, and the less active come in the afternoon. We have at present twelve patients attending the environment during these periods, nine in the morning, and seven in the afternoon, four of these attend both sessions. The morning session runs from 9.30 a.m. until 11.30 a.m., while the afternoon session runs from 2.00 p.m. until 4.00 p.m.. At 11.30 a.m. the patients are brought back to the ward for a short while before their lunch, which is usually about 12.00 Noon. Then at 12.30 p.m. we take what we refer to as "special patients" until 1.00 p.m.. These would be patients who need a one to one relationship, to establish either confidence, or to train them to sit down, and acclimatise them to being in a prepared environment. After working with these patients over a period of time, we introduce them into the other sessions, when we feel they are ready to become part of a group. At present there are three patients in the ordinary sessions who started out as special cases.

THE PATIENTS

We shall start with the children of whom we have nine. They are all severely mentally handicapped, some from birth, others due to childhood illness, of these two are very disturbed, who tend to get very physical at times. None of the children speak, with one exception. The others tend to make noises at different times, and the grating of teeth is a common occupation. Their eye contact

is fair, but it is steadily improving and social interaction with one another is non-existent, but with staff it is constantly getting better. Three of the children still wear nappies, while most of the others only use a toilet when they are brought to it. Their physical mobility is very good on the whole, with a couple being very hyper-active, while another couple are extremely inactive. Their comprehension of verbal commands is fairly good in some cases. Their actual mental age though is very low, it tends to be somewhere between six months and a year.

The three patients we have from the blind - deaf ward tend to be a lot more quiet. None of them are deaf but one is completely blind while the others are only partially sighted. They are all toilet trained and very clean. One of these patients is extremely disturbed, and she scrapes us a lot and loves to head butt. She also has a great tendency to hit herself and smash her head off the tables and walls, but when she is good, she is very good.

DAILY ROUTINE

On arrival in the environment the patients must all take a seat at the tables and commence working with at least one piece of material. Obviously this is the ideal and some do not sit independently, but these we seat, and encourage either through verbal or physical prompts to complete a piece of material, or a couple of pieces, depending on the patient. The patients are all encouraged to remain seated and to work with other pieces of equipment, however if they are really having difficulty and are distracting or disturbing the others we let them go down to the open part of the class to play around, and then later they are brought back to sit down again. Both Anne and I try to get around to each of the patients everyday but obviously we do not always achieve this as sometimes the work can be very slow. We have special pieces of equipment for each child to use as some need different things. Some of them need their concentration span lengthened, while with others it is their hand-eye co-ordination which is the problem. We have a programme with a goal in mind for each of the patients, and we are continually trying to achieve these. Then about a half an hour before the session ends i.e. 11.30 a.m and 3.30 p.m. we have a short break when each child is given a cup of milk. After this we form the chairs into a circle, and we have roll call. Each patient is again encouraged through the appropriate prompts to acknowledge his or her name, either by looking at whichever of us is calling the roll or by putting their hand up in the air. Then we sing some action songs, which everyone must join in. These tend to relate to the parts of their bodies and features of every day life. After this we have music. Each child is given a musical instrument and is asked to play along with the tape or record. This is something that most of the children really seem to enjoy. This continues until the end of the session, whereby the patients put the instruments back in the press, and replace the chairs in their correct places before they are brought back to their wards. The patients are encouraged all day to choose their own work, and to replace it on the shelf as much as possible.

The patients we have for the "Special" half hour do much the same as the other patients, however it is a lot harder to initiate, and a lot of physical prompts are used.

EXTRA ACTIVITIES

Other than classroom activities the patients programme is varied. On Monday afternoons and Wednesday mornings the respective groups do painting. This can prove very messy, as they prepare to drink the paint, and paint their hands but, they enjoy it, and are gradually learning that the paint goes on the brush and then onto the paper. Then on Wednesday afternoon seven of the more active and able bodied children go swimming. They really enjoy this and are becoming more confident by the day. None of the children can swim without armbands as their movements are not well co-ordinated, but with the aids they are very secure and safe. Then on Thursday morning a group of the patients go horseriding which they also enjoy. Then on Friday afternoon we bring a group of the less mobile patients to the hydro pool in the hospital. This is ideal for the less active as they cannot get cold, due to the warmth of the water. These patients really enjoy this, as due to their immobility they do not get out much. It is also really beneficial for them as they quite happily move their limbs. Again all these patients wear aids to keep them buoyant. Outdoor activities in which the patients take part are outings and walks which we organise. These are very enjoyable and as we have a Sunshine Variety Bus for the children, transport is never a problem. On days it is not possible to go out in the bus, we take the patients for walks around the beautiful grounds of the hospital. (A list of places the children have been brought is contained on a separate sheet).

HOLIDAY TIME

A group of five children were brought away on a holiday to Lismore, Co. Waterford by Vivienne and Anne from the 5th to 12th July 1986. They lived in an ordinary house with Anne and Vivienne doing all the cooking etc - just like any ordinary house. During the day they went out on trips in the bus bringing a packed lunch with them. All in all it was a most enjoyable, and successful trip, and we hope that maybe it can be repeated. Although only one of the original five patients remains in the hospital, as the others have all gone to Cheeverstown, and those patients remaining are not quite as suitable.

PETS

We have had one pet in the environment to date and he was a gerbil named Gerry. He was part of the environment for two years and caused little or no bother. A lot of the patients seemed to forget he was even there, but one little fellow in particular used to go up and look into the cage and see where he was. He would stand and watch him for ages but he would not go near him if you took him out. On the other hand though some of the other patients loved to touch him when he was taken out of the cage. None of them would hold him however, but that was probably a blessing as he nipped. One of the other patients also liked to drop his seeds into him one by one, but if there were no seeds you would think he did not exist. Alas the poor gerbil died in March 1988 and he has not been replaced yet.

We have noticed a recognition of animals in two of the patients. One of them makes the clicking noise you make for a horse when he sees a horse on the road or in a field when we are out, and another child miaows, since a cat has appeared around the unit. This was a major break through as the child in question would not interact with anyone, but one day I miaowed back at him and he grinned. This happened a few times and gradually he let me come closer, and closer without pushing me away, or hitting out which would

have been his old reaction. Gradually I developed this and now he is "gooing" and "gahing", which was previously unheard of, he will look directly at me, he will smile, and he will put his arms around me, and let me put mine around him, and when he is really sad he will come up and put his arms around me of his own accord.

EQUIPMENT

- (a) Montessori Equipment - (i) Practical Life
(ii) Sensorial

i 8 dressing frames

Mats for rolling and unrolling

Rice and Peas for spooning exercises

Bench for walking along

ii All four cylinder blocks:

Pink Tower

Brown Stairs

Red Rods

Knobless Cylinders - all four boxes

Touch boards

Touch Tables

Second Box of Colour Tablets

Smelling bottles

We also have the sandpaper numerals and the number rods.

- (b) Education Materials

Jigsaws of varying difficulties

Stacking towers

Peg boards

Posting boxes

Books

Plasticene

Threading exercise

- (c) Sporting Material

Bean bags

Balls of varying sizes

- (d) Musical Instruments

Tambourines

Maracas

Recorder

Cymbals

Sleigh bells

Piano Harmonica

Miniature Piano

Saxophone - plastic

Drums

- (e) Art Material

Paper

Paints

Crayons

Pencils

Markers

Chalk and blackboard

(F) Radioe, Tape, Record - Stereo;

Records
Tapes

(g) Standing Frame

(h) Orthopaedic or geriatric chair

(i) long, low wooden bench.

(j) Large wide runged wooden ladder

(k) Large wooden cubed playbox

SKILLS USED BY THE HANDICAPPED IN OUR ENVIRONMENT

(a) Gross Motor:-

Placing and replacing chairs, carrying objects to and from the shelf, rolling and unrolling mats, walking along the bench, walking along the wide runged ladder, playing the instruments, catching and throwing the balls, and bean bags, swimming etc.

(b) Fine Motor:-

Hand-eye co-ordination in replacing objects e.g. cylinders, painting, spooning rice and peas, Peg box, holding crayon.

(c) Threading

(d) Jigsaws

(e) Shape sorting

(f) Discrimination:-

Placing the correct cylinder in the correct hole, putting the same coloured objects together.

(g) Pouring, spooning

(h) Eye contact in roll call

(i) Language skills:-

Those who are capable, naming things.

PLACES VISITED ON OUTINGS

Ardgillan Park, Skerries
Malahide Castle
St. Stephen's Green
Herbert Park
Dublin Zoo
Powerscourt Waterfall
Enniskerry
Donadea Wood
Mornington Beach
Glendalough
Howth Harbour
Fairview Park
Newbridge House, Donabate
Mosney
Dun Laoghaire Pier
Funderland
Town - shopping
Slane Castle
Avondale House
Killiney Head
Bray by Dart

PHYSICAL EDUCATION

Report: Marian Rainey
P.E. Teacher

PHYSICAL EDUCATION FOR THE MENTALLY HANDICAPPED

Over the last 10 years the 'physical education' programme in the hospital has grown from strength to strength with the realisation of the need of physical activity for the patients. However it must be remembered that the physical activity should take place within a structured and consistent programme if benefits are to be maintained, and that this programme must give priority to individual needs whether these needs are in the manipulative or skill learning sections.

But what are the needs of these patients? As in any mental handicap centre the patients within the hospital show a wide range of physical aptitudes and limitations: some are almost as skilful as normal adults while others have considerable difficulty in performing simple tasks. Hence one can observe that individuality is the keynote to the type of programme to meet the needs. Within my programme I basically observe movement and develop programmes which range from manipulative activities to skill based competitive activities. Gross and fine motor skills can be developed and refined in a multitude of different settings e.g. the gym, swimming pool, games room, football pitch, athletics track and horse riding country to mention a few. Many of these activities are considered to be an essential part of the curriculum of normal children but somehow a bit of a luxury as far as the handicapped are concerned. The accent is on activity and movement of a purposeful character. However it must also be noted that not all activities involve the vigorous type of activity essential for real fitness, but physical activity even of a less vigorous nature is important for all round development. They all benefit from physical activity and so the programme should include developmental movement, work with large and small apparatus, swimming, outdoor activities, games, horse-riding, movement to music and dance:- All at a level that meets the needs of the individual. This idea will be developed later.

What type of activities?

The main areas in the hospital at present are 1. Swimming, 2. Movement, 3. Horse-riding and 4. Cycling. However, this is not to say that I feel that they are the only essential areas as really all movement experiences are vital but due to time, and availability of staff etc they are the areas from which the most can be obtained in the weekly programme. In fact, as the programme hopefully will develop over the years we will see all activities catered for whether it may be during the recreational or educational programmes. Let us now have a closer look at what each of these programmes entail.

SWIMMING

Of all activities my personal opinion is that swimming is particularly beneficial both for the severe and the more able bodied mentally handicapped person and hence swimming has been chosen as a core area within the hospital programme. Swimming provides excellent all round physical development and mental relaxation. At one end of the scale we

we have those attending the hydrotherapy pool where water confidence and in the case of severe manipulative movement programmes can be fulfilled and at the other outside visits to pools where socialisation and stroke development up to competitive swimming can be undertaken. Here it can be clearly seen the needs of the individual and the development of their programme. Swimming covers the five areas of concern for the Physical Education Programme.

- | | | |
|-----------------------|---|--|
| 1. Fitness and Health | - | a) Circulo respiratory
b) Muscular strength
c) Joint mobility
d) Weight control |
| 2. Fun and enjoyment | - | it is through fun and enjoyment
that people learn |
| 3. Skill | - | of movement |
| 4. Beauty of movement | | |
| 5. Mind and character | | |

A lot of factors need to be taken into consideration in the running of this specific programme and one must never underestimate the dangers of water and the staff/patient ratio. Three swimming times have been in use up until now and hopefully we will extend in the very near future.

1. Wednesday A.M. - Public hour at Dublin Airport Pool. We have used this facility until the last six months. This was an excellent time for the more abled that could move in the water and it was also a good exercise in mixing with the public. However with so many of our patients going to Maryfield and Cheeverstown etc, we have not been able to make use of this facility lately.
2. Wednesday P.M. - Ballymun Pool. This time is kept mostly for the children and some adults. The programme needs a one to one with the children as they appear to learn through manipulative exercises and through fun and games. A big improvement has been observed with this group and they are at present following a developmental programme. Armbands and artificial aids are reduced at times as confidence in the water increases. We aim to get the children floating and then moving through the water by a method they choose e.g. dog paddle, working the legs. Later on if feasible and suitable to the individual conventional strokes can be introduced.
3. Thursday P.M. - Ballymu Pool. This time is kept mostly for adult groups at varying skill levels. Some of this group would be swimmers and so it can be used as a training time for Special Olympics. Development to canoeing etc could be a possibility.

At present we have 40 on the swimming programme but hopefully many more will join as it is so beneficial. At present we are trying to acquire another hour but the type of pool, temperature of pool, staff ratio must all be looked into. The staff ratio is a very essential consideration and must not be overlooked. It is so important to have staff participation not only from the safety but also in the actual running of the programme. The dressing and undressing, constant observation and help in the pool. The understanding of the programme and the aims

for that particular person. It may not be to swim but to get that person to relax or to use specific muscles etc. The contact with the staff and of course the praise and guidance necessary for enjoyment and success.

HORSE RIDING

For approximately eight years Gormanston Riding Centre have been providing horse-riding facilities for the mentally handicapped patients of St. Ita's Hospital, Portrane. These facilities have been provided free of charge and each week consistently throughout the year (except for July and August) local voluntary people turn up to help us have our horse riding session. Without them the venture would not be the success it is. It is so important for our patients to have this outside influence and to help break down the barriers between 'institution' and the 'world'. Also financially the voluntary helpers have been of assistance and last year the Fingal Hunt presented the riding group with half the 'cap'. This meant we could attend Riding for the Disabled Meetings without the financial burden on the hospital. The consistency with which they turn up must be admired and it is this consistency that makes the programme viable.

We have approximately 12/13 patients attending the session and these are subdivided into groups of 6; a more able bodied group and a less able bodied group. The general aims of both groups are the same although the content of the lesson for two groups vary. This is extremely important as within each group, each individual need must be met.

The general aims are:-

1. Balance
2. Co-ordination of movement
3. Body awareness
4. Greater Agility
5. Confidence
6. Relaxation
7. Fatigue
8. Carry over of skills into the activities of daily living

The more able bodied group are expected to achieve a reasonable standard of pony riding with some working from three helpers to sole independence. Sole independence means control of the pony, steering, trotting and to some cantering or jumping. These will have achieved a lot and worked consistently. Some are expected to participate in the horse back games and caring of animals. This year we tried to reward our able bodied group by bringing them for a days outing to Mondaghan to take part in the first organised riding games (heats) for the disabled in Ireland. This was an enormous success and it was terrific to see that the organisers are recognising the different levels of mental handicap and the events are being run to their standard. This however is still in its infancy, and one must appreciate the long time required to reach this standard.

The less abled group work at a much slower pace and to an untrained eye may appear of little benefit. However, this is not the case as balance, co-ordination, relaxation and body awareness are worked at constantly and the observance of minor achievements of the other group. In fact the more severe seem to relax with the movement and rhythm of the pony. Also it should be mentioned that we have now received as a gift from Gormanston a riding donkey so maybe more will be able to avail of this facility.

CYCLING

Cycling, as part of the Physical Education Programme is definitely a plus and hopefully that this summer will see our cycling programme taking off and becoming a recognised area of therapy. It is one aspect of the programme that can so distinctly itemize the benefits. It covers all the concerns as shown in the section on swimming. Large muscles of the body are being used and so we are contributing to improving the cardio-respiratory system. It can be made enjoyable, a skill can be learnt and it has a lot of further possibilities. At first, as in the other programmes, the length of time spent consistently cycling each week is built up gradually and recorded. Hopefully we will be able to develop this programme to day long cycles where we can 'picnic lunch' and make it an enjoyable day with a purpose. At present the furthest is approximately 2 miles and back. However, one setback at present is the equipment. We have two adult tricycles and these are terrific for those without enough balance or skill to go on bicycles. We also added one tandem to our collection last year and this an invaluable asset as it is so safe and the distance travelled is much better. To make the programme feasible we would really need two more tandems and one more adult tricycle. This then would enable us to bring groups of similar standards out together. With the cutbacks this would seem to be unobtainable but now some staff members, recognising the need have joined forces and are cycling to Belfast and back to raise money for to develop this area. Hopefully they will reach their target because without the right equipment this programme would not be as beneficial as it should be and not as consistent as is needed to obtain the full benefits. This way we can make it into what it should be within the programme. Hopefully Summer '88 will get this project off the ground and that it will develop from here on. This could be a terrific area.

MOVEMENT

I have left this area to the last, not because I feel that it is of any less value because this is not the case but because it really covers a wide area and in a lot of ways is really more abstract than those areas mentioned before. To make sure that the movement theme is being beneficial a close eye must be kept on the progressions and to what extent is the particular movement necessary. It is imperative that we keep in mind our objectives for our movement session e.g. Is the exercise to promote fitness or joint mobility? Physical education is concerned with activity and movement of a purposeful manner and hence the need for movement is a recognised requirement. Many of the mentally handicapped are slow to move and hard to motivate and so we must use all of our resources to develop the interest to get them to move. No physical education movement programme will be made up of any particular isolated course e.g. Sherborne or Robins Rhythmics but should be made up in a structured manner incorporating all the different movement courses one has attended. Like in the other activities we will have a group at one end of the scale needing Sherborne and relationship play and at the other a group taking part in the Gymnastics in a competitive field. Over the years I have learnt to appreciate the need for music and the response that this evokes and this could also vary from pop to classical to Robins Rhythmics to tamborine. All of these areas have a part to play and if one is to keep the movement session varied and broad and interesting one must use all the resources at hand.

Minor Games and participation in Indoor Games and Special Olympics can be another goal. In fact from this one can see the wide expanse of movement. I don't want to go into this in greater depth as I'm trying basically to show you the need for some kind of movement, the type of movement one can use and how important individual assessment for the type of movement required. For too long too many have not had a purposeful programme: muscles have become flacid, fitness and health rejected. There is a movement programme suitable for each individual: let us develop these more.

FINALE

For some the physical education programme provides the opportunity to experience a sense of achievement which otherwise they might not enjoy and with this comes a sense of well being, a belief in one self. From seeing someone swim, riding a bicycle, doing gymnastics to creating a new and relaxed environment for the severes is what physical activity in the hospital is all about. Programmes for all levels organised in a consistent manner. No one person can evolve a perfect system of teaching Physical Education, except possibly for himself but there are certain basic principles which are fundamental to success and which all involved should understand and apply. We must not be afraid to try out and examine new ideas. However it is the knowledge of how to produce and activate the scheme:- the understanding of what it entails, the needs of the individual, the capability to observe the small steps as well as the large, the staff ratios required to make it safe and successful, the justification and the commitment. These are all needed to get these programmes working. These things are happening and developing within the Services of the Hospital. We must realise the consistency, co-operation and understanding necessary to go further. These are just the core activities of my programme but as you now can realise it is the tip of what it should be. Hopefully the cutbacks will not be too severe in hindering its progress because there is a much wider field to be developed.

AIMS OF THE P.E. CURRICULUM

A. General

1. To provide opportunity for enjoyment, and so motivate the child towards further activity.
2. To provide opportunity for experiencing a sense of achievement.
3. To optimise physical development and growth.
4. To improve physical fitness and motor skills.
5. To develop body awareness, and enhance the body image.
6. To provide opportunity for social development, through learning to co-operate with others and to function as a member of a group.
7. To allow each child opportunity to express himself through movement.
8. To develop aesthetic awareness and foster creativity.
9. To develop recreational and leisure-time pursuits.

10. To re-inforce and develop current work in other curriculum areas.

11. To provide opportunity for problem solving and decision making.

8. Specifici; that is of particular relevance to physically handicapped children.

1. To develop particular physical skills as the individual begins to show readiness to do so, e.g. walking, or because they are needed to ease everyday management, e.g. arm strength.

2. To help individuals make the most of their abilities, whilst learning to compensate for their limitations.

3. To develop self-help skills, e.g. dressing and wheelchair transfers, so increasing competence in daily living situations, and improving independence.

4. To develop personal responsibility for physical control and management.

5. To ensure that adequate and appropriate sensori-motor experiences and language stimulation are provided according to individual needs, and to use the practical opportunities created to teach, reinforce language and concept development.

6. To provide remedial movement education for those who are perceptually disorientated, who have perceptual-motor difficulties, or who have poor motor organisation.

Thus the P.E. Curriculum, whilst following a conventional format, becomes more functionally based, demanding an 'extended' role from the P.E. Teacher, and one which necessitates constant, close liaison with other professionals, particularly therapists.

PLAY AREA ONE

Report by: Nora Fleming
Care Staff

The Play Area was set up in approximately 1978 - 1979. It was situated in a room off the children's ward. Over the years there have been a great number of changes in staff and patients. Some of the patients have been transferred to new schools and new hospitals. The parents in some cases can be nearer to their child by such a move.

The children have grown up and moved to adult wards in order to grow with their own age group.

In the play area the patients come to us from two units. One of which is for the more severely/physically handicapped. We divided the children into two groups, some of these children need to run and have the freedom to express tension without running into the quiet children. The children are however together for most activities. These activities include the following:-

1. SWIMMING

The children go to Ballymun Swimming Pool every week. We try to make the experience as enjoyable as possible. The group that we bring learn very quickly how to relax and enjoy splashing around. There is a qualified lifeguard on hand in case of any danger. Thankfully to date we have no use for them. Many of the children wear arm-bands and can float without fear. We also get an opportunity to play games in the water. This encourages the children to compete in something which they love. These water games include ball games, where they throw the ball to each other, they also form circles and play London Bridge. In this particular game they can experience the under water feeling, it is usually the staff that show the most fear. The children enjoy this experience thoroughly and after their swim they are showered, dressed and travel back to tea.

2. HORSE RIDING

Each Thursday morning the children travel to Gormanstown Riding School, where they can experience something different to their normal activities. Some of the children enjoy wearing a hat and being in the driving seat. The horses are all very quiet and easily managed. Again in this environment the children have competitions where they can trot on the ponies and they enjoy the thrill of trying to win. On some occasions the instructor gives a reward to the children for effort which they truly deserve. We have brought the children to other centres, where they can make new friends of the same ability. It is certainly a great experience for all.

3. DANCING

Music plays an important role in the classroom. The children love to sit, rock, tap or dance to it. We exercise the more inactive children and the music helps to relax them. Some of the children are so immobile that their movement is restricted. A physiotherapist visits our area and gives us advice and exercises to help motivate the patients. They enjoy dancing with each other and clap and march to the rhythm of the music. It is quite easy to see from the expression on their faces how much they enjoy these sessions and indeed the lessons help them when the Christmas Show comes around or when the parties or discos are held. The Christmas Show and Open Days make it possible for the parents of some of the children to see them taking part in their various routines.

4. BALL GAMES

We have a number of patients who enjoy playing with balls. They can throw and catch ball. It helps with hand-eye co-ordination. We have one particular patient who takes part in the Special Indoor Games at beanbag throwing. He is able to throw the beanbag or ball into a target. We encourage him by clapping and giving a hug when he succeeds or tries hard. Some of the patients take pleasure in spinning the ball. In most cases they have developed a way of continuing the spin which is very hard to assimilate. Ballthrowing and catching mean that all the class can get involved and a number of games are played in this way.

We have a basketball net which is used to play games. The patient in some cases can score better than the staff.

5. PAINTING

Some of the children enjoy messing around with colours. We have to cover almost everywhere because as the concentration span is very short in most cases, we tend to end up with a mess.

One of the children enjoys painting because he can draw almost anything and get a hug afterwards. We like to display the childrens work on the walls.

6. JIGSAWS

In our classroom we have a number of jigsaws. Some are more difficult than others. Most of the children can put objects into spaces that fit. It takes a lot of patience as sometimes the patients get frustrated and throw the jigsaw. We take care to have one to one with these cases. We have shapes and animals that fit into their respective places. The children have to figure out where each piece fits. When they succeed the relief is evident on their face. Sometimes they get angry if they cannot find the right piece. The end result is they move on to something easier and can get satisfaction. We allow the children to rest in order to catch their concentration when the time is right. After a while it is obvious when a patient is ready to respond. You experience the moods and joys. It helps in all they do to know when to push harder and when to allow them to rest.

7. COLOURING BOOKS

This is for some of our better patients who like to paint between the lines instead of freestyle. We use felt tipped pens and we help to introduce different colours to cover certain objects. We get the books donated to the area by people in the community or friends of the staff.

8. WORD ASSOCIATION

In the classroom we have a number of pictures on the walls. The patients identify with everyday objects. Cut-outs or drawn pictures are used for these. It gives a colourful vision to the room.

9. WALKING

Some of the children who are more physically handicapped are encouraged to use the walking frames for balance. We have a range of these in the area. To help getting on and off the bus each day, we practice walking up and down wooden steps. We have parallel bars to keep the child erect when walking.

10. OUTINGS

Every now and then we bring the children out for a drive and go to a park or other areas where they can walk and play. The break away from the classroom gives variety to their everyday routine. We bring balls and enjoy games outside. The children play outdoors when the weather permits. We travel to the seaside or playgrounds where swings and slides are. In the classroom we also have a slide which helps the child to use his/her legs to climb as well as enjoy the thrill of the slide.

There are fifteen children in the area at present. This number has fluctuated due to changes. Some are over 20 years and some under. They range between twenty eight and eight years of age. There are a large number incontinent and need changing when necessary. The others usually ask when they want to use the bathroom. There are usually four staff in the area, two nurses and two care staff.

Our area is kept clean and bright and the name of the area is precisely what is involved in it. PLAY!

SOCIAL/RECREATION DEPARTMENT

Report: Gerry McCann
Social/Recreational Officer

Mary Fitzgerald
Social/Recreational Officer

SOCIAL/RECREATION DEPARTMENT

"Is everybody comfortable, Shall we start at the beginning ?

Once upon a time, not quite 1000 years ago, in the year 1040 in fact, the Danish King of Dublin made an endowment grant to the Cannons of Christ Church. This land was situated in an area known as Fingal. To be more precise it was on a peninsula known as Portreachran (Portrane). In the early 18th Century the lands were held in lease by the Evans family who built a mansion called Portrane House. This mansion was to house the first residents of this hospital in 1896, the year of the first modern Olympics."

The above is an extract from one of our storytime tales which is part of the recreation programme here at St. Joseph's Mental Handicap Service. While the recreation programme does not quite go back so far, the natural amenities of the peninsula have always been a big asset to the hospital. During the early years of the Hospital and indeed into the late 50's locally organised social and recreation activities played an important part in the development of the patients and staff. We at the Social/Recreation Department are endeavouring to carry on this proud tradition.

Our involvement with these activities commenced in 1976 with the invention of a games programme now nationally and internationally known as the National Indoor Games Championships for the Mentally Handicapped. This programme is now one of the major sporting and social occasions of the year for the mentally handicapped persons in Ireland. The games have been devised here at St. Joseph's and are administered and organised by our team. At the 1988 games which were opened by An Taoiseach (The Prime-Minister) Mr. Charles J. Haughey, 1200 mentally handicapped persons from the 32 counties of Ireland took part at the Indoor Sports Complex, University College, Dublin. A sample of the type of games devised is reproduced with this article. (See Appendix Two).

While this venture is our major contribution to the development of the mentally handicapped person of Ireland, of course our main priority is to provide a social/recreation programme for our 450 residents at St. Ita's Hospital.

Since 1976 our population has been ever changing. The developments in the Service generally have meant that a large number of those who were resident, now are placed in Hostel accommodation, or have progressed to day services, or have been transferred to other services. These changes have meant that our programmes need constant re-assessment. The major tool for this re-assessment is a complete survey of all of our residents which is presently in progress. The aim of the survey is to provide a social and recreational programme for each unit based on our residents present day needs. (See Appendix 1)

While new programmes will obviously evolve from this survey many of our present activities will still remain. Heretofore our year is divided roughly in three segments. Each of these segments had a high point. The National Indoor Championships are the highlight of our Spring programme. Our Summer Programme which includes the Special Olympics Programme culminated with our prizegiving day for the Residents. Our Christmas Show (11 shows so far) brings to a close our third segment.

With these segments many other activities take place. These would include weekly ten pin bowling, pitch and putt, football, basketball, gym club, outings, discos, videos, cinema, zoo, athletics, swimming, horseriding with the P.E. Department, floor hockey, trampoline, cycling, table tennis, cabaret, variety shows, bingo, holidays and many more. As I write this article nine of our trainees are preparing for four days of competition in the Special Olympics in Carlow, while three of our trainees are competing in the F.A.V.A. Games over six days in Paris, France.

Another intricate part of our programmes has been the introduction of a hospital radio and television service. The radio service broadcasts to six days per week 11.00 a.m. - 4.30 p.m. (rest day is Saturday). As well as broadcasting to all of the residents in the hospital the service is received by the local community within approximately ten miles radius. The benefits have been enormous, both from a financial points of view, with many thousands of pounds been raised annually for recreation purposes, and the interaction between hospital and community bringing a greater awareness as to the role of our hospital. The television service which is closed circuit, is a developing one, programmes are usually pre-recorded and edited although some live shows are transmitted. The policy is two fold. (1) To provide educational and recreational programmes suitable for specific groups of mental handicap. (2) To collect and transmit staff education material.

In our programmes we endeavour to give as many of our trainees as possible the opportunity to sample a wide range of activities and to make choices as to how they fill their leisure time. This we will continue to do in the future.

APENDIX ONE

SURVEY ON RECREATIONAL/P.E. PROGRAMMES REQUIRED FOR OUR RESIDENTS AT ST. JOSEPH'S MENTAL HANDICAP SERVICE

JUNE '87

SECTION ONE

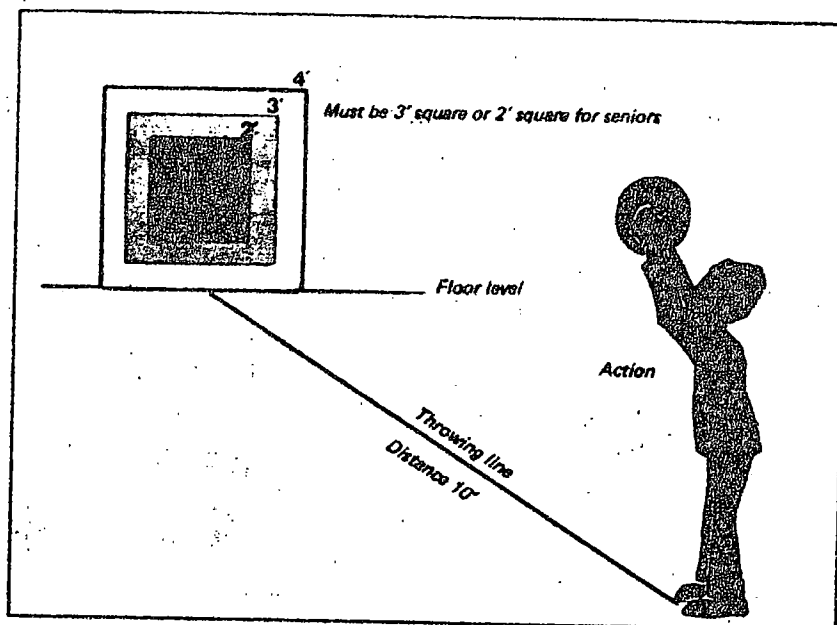
PHYSICAL ACTIVITIES

This Section deals with what could be termed the normal everyday sporting activities which the general population partake of. Many of our Residents have some experience of a great number of these events. What we would like to determine is, the level of interest in, and the potential for further expansion in this area. Opposite each activity please indicate with a tick (a) Active [already engaged in this activity] or (b) Potential [has the ability with coaching to become involved in this activity]. (C) Nil (No Potential)

	Active	Potential	Nil
Football (Outdoor and Indoor)	_____	_____	_____
Athletics: 100m	_____	_____	_____
50m	_____	_____	_____
Walking	_____	_____	_____
Standing Long Jump	_____	_____	_____
Long Jump	_____	_____	_____
High Jump	_____	_____	_____
Soft Ball Throw	_____	_____	_____
Shot Put	_____	_____	_____
Horseriding	_____	_____	_____
Swimming	_____	_____	_____
Bowling (Ten Pin and Outdoor Bowls)	_____	_____	_____
Orienteering	_____	_____	_____
Adventure Activities (e.g. Canoeing, Rock-Climbing)	_____	_____	_____
Basketball	_____	_____	_____
Gymnastics	_____	_____	_____
Keep-Fit	_____	_____	_____
Movement to Music	_____	_____	_____
Floor Hockey	_____	_____	_____
Trampoline	_____	_____	_____

Game 3

BALL THROWING



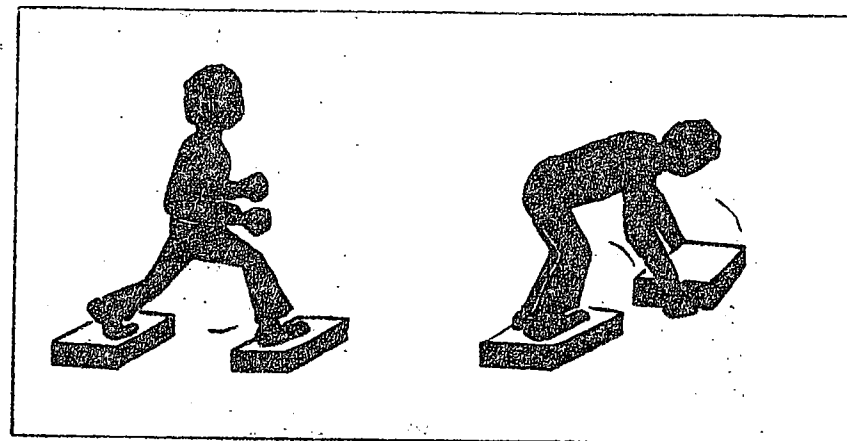
Equipment Plastic footballs; piece of board with aperture 2 ft square. For junior competitors the aperture shall be 3 ft square.

Game The competitor throws as many balls as possible through the aperture in 1 minute.

- Rules**
1. The throwing spot shall be 10 ft from aperture.
 2. The Team Coach may hand the balls to the competitor
 3. The player getting the greatest number of balls through in 1 minute is the winner.
 4. In the event of a tie, a throw-off of 30 seconds will take place.
 5. The referee's decision is final.
 6. Junior throwing distance - 6 feet.

Game 2

STEPPING STONES



Equipment 2 Polystyrene boxes.

Game Player must go from point A to point B which are 30 ft apart (20 ft for juniors) without touching the ground with his feet.

- Rules**
1. Player stands on box 1 and then places box 2 in front of him and steps from box 1 to box 2.
 2. This action is continued until both boxes have crossed the finishing line.
 3. Boxes can only be moved while both feet are clear of the ground.

Extract from The National Indoor Games Councils Handbook on the Indoor Games Championships for the Mentally Handicapped.

Copies may be had by writing to Gerry McCann, Games Director, C/O St. Ita's Hospital, Donabate, Co. Dublin.

Mary Fitzgerald,
Social/Recreational Officer.

Gerry McCann
Social/Recreational
Officer.

SPEECH THERAPY SERVICE

Report: Dorothy Tackaberry
B.Sc., M.C.S.T.

Sharon Hurley
B.Sc., (Hons)

SPEECH THERAPY SERVICE

A speech therapy service has been provided to St. Joseph's since it was set up in 1976. The amount of time allocated to St. Joseph's has varied in that time, as have the therapists working here. Ms. Dorothy Tackaberry, Speech Therapist, has worked in St. Joseph's since January 1986. The three days a week she originally spent here, was subsequently divided between herself and one other therapist. Since Summer 1986, no fewer than four speech therapists have filled this second post. At present the service consists of Ms. Tackaberry on Monday, and Ms. Sharon Hurley, on Monday and Tuesday. Ms. Sharon Hurley has been in post since April 1988.

The speech therapy office is located in House 3. However, previous attempts to adopt the traditional clinical approach to therapy whereby the speech therapist remained in the one location, and patients were brought for therapy to her, proved impractical. This was due to difficulties with transport, and with staff needed to accompany the patient. Therefore the most recent approach has been for the speech therapist to work directly in the therapy area/ward. It appears, however, that the one-to-one basis for therapy, which is prevalent in community care settings, is not proving effective in the context of St. Joseph's. Reasons for this include the following:-

LIMITED TIME AVAILABLE - When working only one or two days a week in a location, any working days missed, for reasons of holidays, illness, courses, meetings, etc result in long absences from that place. Thus in St. Joseph's, for Ms. Tackaberry to attend a meeting scheduled for a Monday, means that she is not seen in Portrane for a total of two weeks. A course on a Monday and Tuesday, followed by a weeks holiday, result in Ms. Hurley not visiting Portrane in almost a month. Such lengths of time between days spent in Portrane result in a fragmentation of therapy, and a lack of continuity of service. Also, the limited time, puts a limit on the number of patients that can be seen and treated effectively.

LACK OF STAFF AWARENESS - The majority of the nursing and care staff in Portrane, appear to be unaware of the role of the speech therapist with the mentally handicapped, and unable/unwilling to take responsibility for their part in improving communication. This lack of awareness results in little or no carry-over of therapy tasks, which the speech therapist carried out/provides for each patient. If a patient is to progress, therapy must be daily and repetitive. This is not being achieved at present, and therefore progress with many patients is minimal.

ENVIRONMENTAL CONDITIONS - The present system of visiting wards/therapy areas with a view to assessing/treating patients poses certain problems. These mainly involve the lack of suitable, quiet, distraction free environment, in which assessments/treatment can be carried out. Even access to certain areas is difficult to achieve, and much time can be wasted, namely in setting up a session.

TREATMENT POPULATION - The present population in St. Joseph's with regard to its suitability for Speech Therapy, contains a number of inherent difficulties e.g.,

- a) large numbers
- b) average age-mainly middle-old age groups
- c) degree of handicap - mainly moderate - severe

d) institutionalized characteristics

These factors all place limits on the effectiveness of speech therapy with many of the residents.

USE OF SIGN LANGUAGE - Sign language has been proven as an extremely useful augmentative/alternative communication system with the mentally handicapped. However, both speech therapists here are Makaton System trained, whereas the preference at present among Mental Handicap Centres in Ireland is to use the Irish system, Lamh. Enquiries as to the possibility of developing Lamh in St. Joseph's are under way, but will require much discussion regarding suitability, funding etc. Currently then, no sign language is being taught/used at Portrane and this is felt to be an important issue which will require discussion as soon as possible.

PROPOSALS FOR CHANGE

In order to improve the efficacy of speech therapy in St. Joseph's, to make maximum use of resources, and to extend the numbers of residents at present benefitting from speech therapy, a number of plans have been proposed. These include:-

- 1) Education of Staff as to a) Communication in general, b) Speech Therapist's role, c) their role with the mentally handicapped.
- 2) Discussion with involved parties and subsequent decision as to the nature of a signing system for use in St. Joseph's.
- 3) Application for equipment.
- 4) Development of a more advisory/consultative role than exists at present, in order to increase the numbers of patients who can be seen.

Currently therefore, the Speech Therapy Service, whilst maintaining links with certain individuals/areas, is mainly concerned with the discussion, planning and implementation of this alternative approach, which it is hoped will result in a higher profile, and increased effectiveness for Speech Therapy.

TRAINING WORKSHOP

Report: Cyril Murphy
R.P.N.

ST. JOSEPH'S TRAINING WORKSHOP

INTRODUCTION

The Training Workshop at St. Joseph's Mental Handicap Centre is a Training Unit where basic industrial and occupational skills are taught to the attending trainees.

Some trainees acquire a desired level of competency in the Industrial sphere, to enable them to progress to employment in the Industrial Workshop at St. Joseph's, with the possibility of continuing to the Sheltered Workshop situation and eventually to Open Employment.

The Unit presently caters for 31 trainees on a five day week basis.

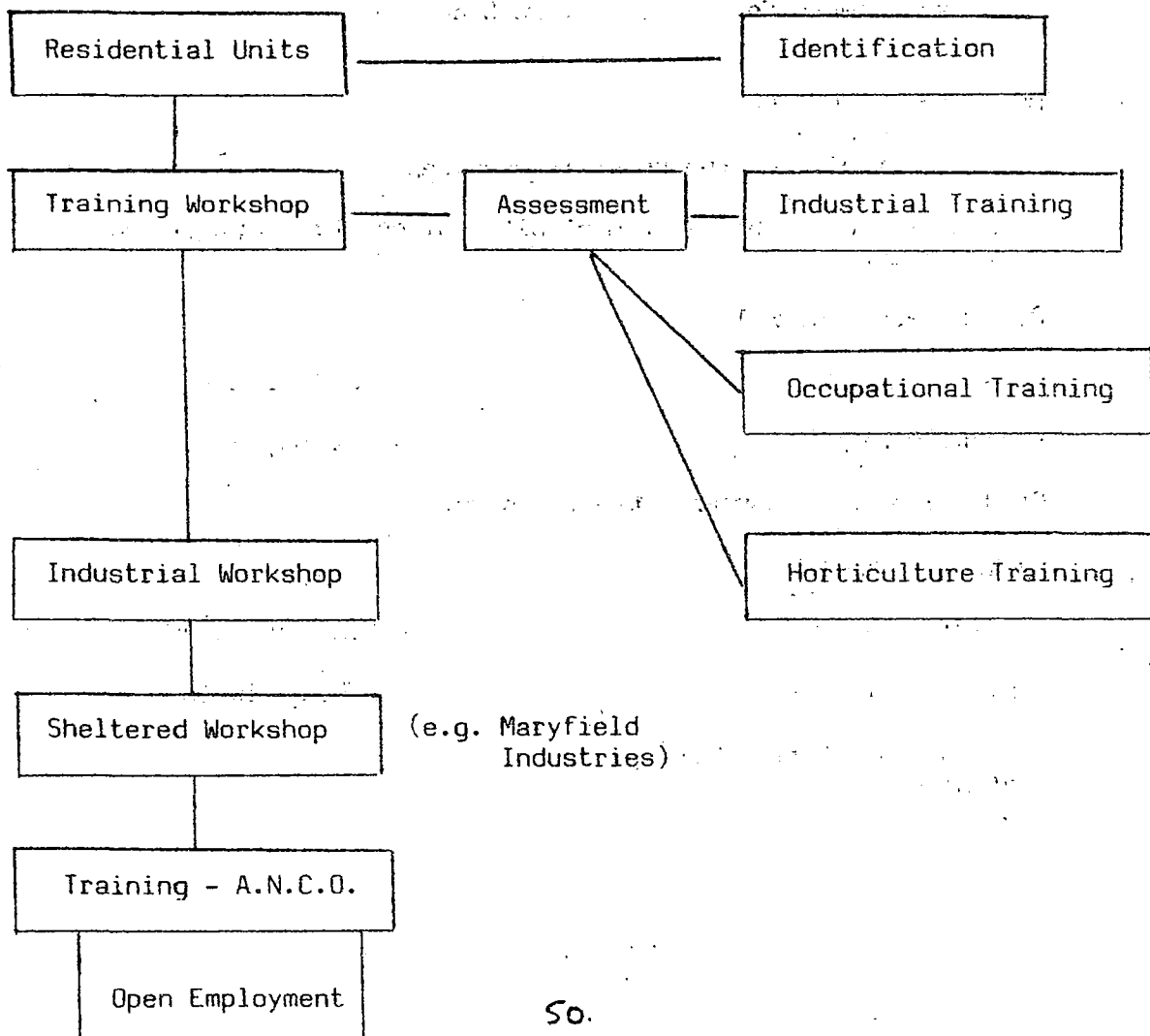
THE STAFF SITUATION IS:-

1 Staff Nurse

1 Attendant

Nursing Staff assigned from Residential Units

THE BONE OF THE TRAINING WORKSHOP WITHIN THE FRAMEWORK OF THE REHABILITATION PROCESS



WORK PROGRAMMES AT ST. JOSEPH'S TRAINING WORKSHOP

ELEMENTARY CARPENTRY

- Dismantling waste pallets etc. Management of Mechanical Tools. e.g. Electric Sander.
- Management of carpentry tools, e.g. - Saws, Screwdrivers etc.
- Learning Basic Joinery.

The Unit Trainees maintain the National Indoor Games Equipment. Props for the Annual Christmas Show are made in this Unit. Also made, and distributed to the wards by the Gardening Department are, Window Boxes, Planters, Hanging Baskets etc. Various maintenance work is carried out for other departments within the hospital.

PAINTING

- | | |
|-----------------------|------------------|
| - Choosing Paints | - Mixing Paints |
| - Identifying Colours | - Application |
| - Cleaning Brushes | - Storing Paints |

Understanding reasons for doing same.

National Indoor Games Equipment is painted annually by the trainees and also scenery for the Christmas Show.

POLYSTYRENE TEASING

- Very suitable for the severely handicapped.
- Used by the Garden Department with compost for propagation of cuttings.

REFUSE SACK CONTRACT

- | | |
|-----------------|----------------|
| - Counting Bags | - Folding Bags |
| - Packing Bags | - Sealing Bags |

Production Line Concept involved here.

BRIQUETTE MAKING

- | | |
|---------------------------------------|---------------------|
| - Teasing Paper | - Soaking Paper |
| - Mixing Water/Paper | - Making the Blocks |
| - Drying, stacking, storing of blocks | |

TEA-BREAK

- Limited time for break
- Specific time each day
- Domestic Skill involved

Where possible trainees are trained to make the tea, serve and clean up afterwards, as would be required in a normal domestic situation.

RUG-PLAN

- Rug Making
- Use of Latchet Hook
- Colour Coding
- Use of Wool Cutting Gauge

POTTING TUBE CONTRACT

- Correct assembly
- Hygienic conditions maintained

MOULDS - CHESS/RELIGIOUS

- Mixing
- Pouring/Casting
- Sanding
- Dusting Off
- Painting

COLOUR CODING AND COUNTING

- Identifying colours
- Teaching to count

Numbers and colours are required for many of the other work programmes if they are to be carried out correctly.

JIG-SAW

- Concentration
- Manual Dexterity
- Matching up pieces and colours/shapes etc.

THE AIMS OF THE TRAINING WORKSHOP

- A. To develop skills that will help a trainee to do more complex work and help prepare him/her for work in the community.
- B. To give a trainee a feeling of purpose in life and of achievement.
- C. As an aid to education.
- D. To relieve boredom and to channel energies into socially useful activity which might otherwise find an outlet in violence and other behaviour disturbances.
- E. To stimulate the trainees intelligence and interests.
- F. To provide the trainee with a useful and pleasant way of employing his/her time.

WEEKLY PROGRAMME FOR TRAINEES

WORK PROGRAMME	MON	TUE	WED	THURS	FRI
Carpentry	*		*		*
Refuse Sack Contract	*	*		*	
Briquette Making			*		*
Painting		*		*	
Polystyrene Teasing	*	*	*		
Tea Break	*	*	*	*	*
Rug Making		*		*	
Moulds	*		*		*
Potting Tube Contract		*	*	*	
Colours/Counting	*	*	*	*	*
Jig-Saws	*	*	*	*	*

ST. JOSEPH'S TRAINING WORKSHOP

WORK REPORT

NAME:

PERIOD COVERED:

WORK DONE:

A	A Applies	Inclined to A	About mid-way	Inclined to B	B applies	B
1. Uses complicated jobs						Can only do simple jobs
2. Grasps instructions quickly						Cannot grasp instructions
3. Works very quickly						Works very slowly
4. Works continuously						Works for short periods only
5. Eager to work						Avoids work
6. Welcomes supervision						Resents supervision
7. Needs no supervision						Needs constant supervision
8. Willing to change jobs						Refuses to change jobs
9. Looks for more work						Waits to be given work
10. Always uses good judgement						Never uses good judgement
11. Excellent standard of work						Bad standard of work
12. Skilful with hands						Clumsy with hands
13. Uses tools well						Cannot use tools/equipment well
14. Gets on well with others						Gets on badly with others
15. Communicates freely						Does not communicate
16. Never arrives late						Always arrives late
17. Never leaves early						Always leaves early

Remarks:

TRANSPORT SERVICE

Report by: Ambulance Staff.

TRANSPORT - ST. ITA'S HOSPITAL

Four drivers provide the Ambulance Service here at St. Ita's Hospital. They are namely Harry Rennicks, Mattie Leonard, Michael Crowe and Peter Bonar.

We work as part of a team and we endeavour to provide a transport service that keeps the staff and trainees happy, at time this can be difficult living in such an economic climate as we do, but nonetheless our work is both interesting and rewarding.

To provide you with a detailed analysis of what our duties entail is almost impossible as they are both many and varied, however, we do hope to provide you with a concise outline of our responsibilities.

We are involved in transporting patients to external hospitals, for admission, appointments etc. Providing transport to take specimens, blood samples etc to city hospitals for examination. Collecting and bringing trainees to their home for weekends. Delivering contract work to their respective places. Providing transport for swimming, horse-riding, ten-pin bowling and all outings for the entire hospital. All internal transport within the hospital for the following:- patients to and from therapies, to X-Ray Department, and for transfer from one Unit to another, bringing trainees to and from hydro-therapy pool, to and from dentist, collecting and delivering pharmacy baskets to each unit. We are also involved in the transfer of patients from our hospital to other centres and on occasions for providing transport for those trainees attending Maryfield Industries.

We are responsible for providing the transport necessary to deliver all salaries to St. Ita's Hospital from the Eastern Health Board. We also carry mail to James's Street and urgent letters to Solicitors etc. all medical equipment that needs repairs or collection to their respective places and likewise with all office equipment.

We transport patients to and from the C.R.C. on a weekly basis and we also provide the transport to take patients to the Optician etc. We transport Day Care Trainees to and from their homes to the hospital each morning and each evening.

The above information can only skim the surface of what transport entails for a hospital the size of St. Ita's. It is becoming more and more difficult to provide the Service which we would like and in particular this is due to the fact that when we are down a driver due to Annual Leave or Sick Leave, we are not allowed a replacement and therefore more pressure is put on the other men to do the same amount of work. Invariably we have to decide on the essential and urgent work first and thereafter carry on with the task of providing as good a service as is humanly possible.

BASIC TRAINING

Report: Veronica Cox
S.R.N.

BASIC TRAINING

The Basic Training Area commenced operation in October 1981. It started with nine female trainees with moderate to severe degrees of handicap. Our basic aim was to teach our trainees some basic skills, such as toileting where necessary, concentration, manual dexterity, counting, colour matching and other developmental concepts.

By the following year our number had increased to twelve trainees. These came from the various mental handicap wards, the less mobile were ferried by ambulance, whilst those capable of walking were collected and walked to the area by the therapy staff and returned for their meals. As the title of the area implies, it is very basic training as the majority of these trainees cannot converse and some are doubly incontinent. We give quite a bit of time to toilet training throughout the day as we consider this very important in maintaining the trainees dignity and pride apart from the comfort and hygiene aspect.

As previously stated the majority of the trainees are moderate to severely handicapped, therefore the level of concentration is rather poor. Some are capable of doing a little writing e.g. numbers and letters of the alphabet. One must be alert and ready to offer an alternative activity to the trainee before boredom sets in. Our equipment consists of early learning materials i.e. 6-8 piece solid jigsaws, pegboards, shoelacing. All these activities are carried out for short periods of time by our trainees. Variation is the name of the game in basic training. We find that music and perhaps a cuddly toy are often a comfort when concentration lags. To date our numbers have increased to sixteen. Three of these ladies can happily sit teasing or knitting for quite a long spell. During the course of the day we have two short breaks for refreshments and those that enjoy a cigarette can have one at these times.

Our therapy opens Monday to Friday and we can happily say that our ladies enjoy their 'outing' to work every day.